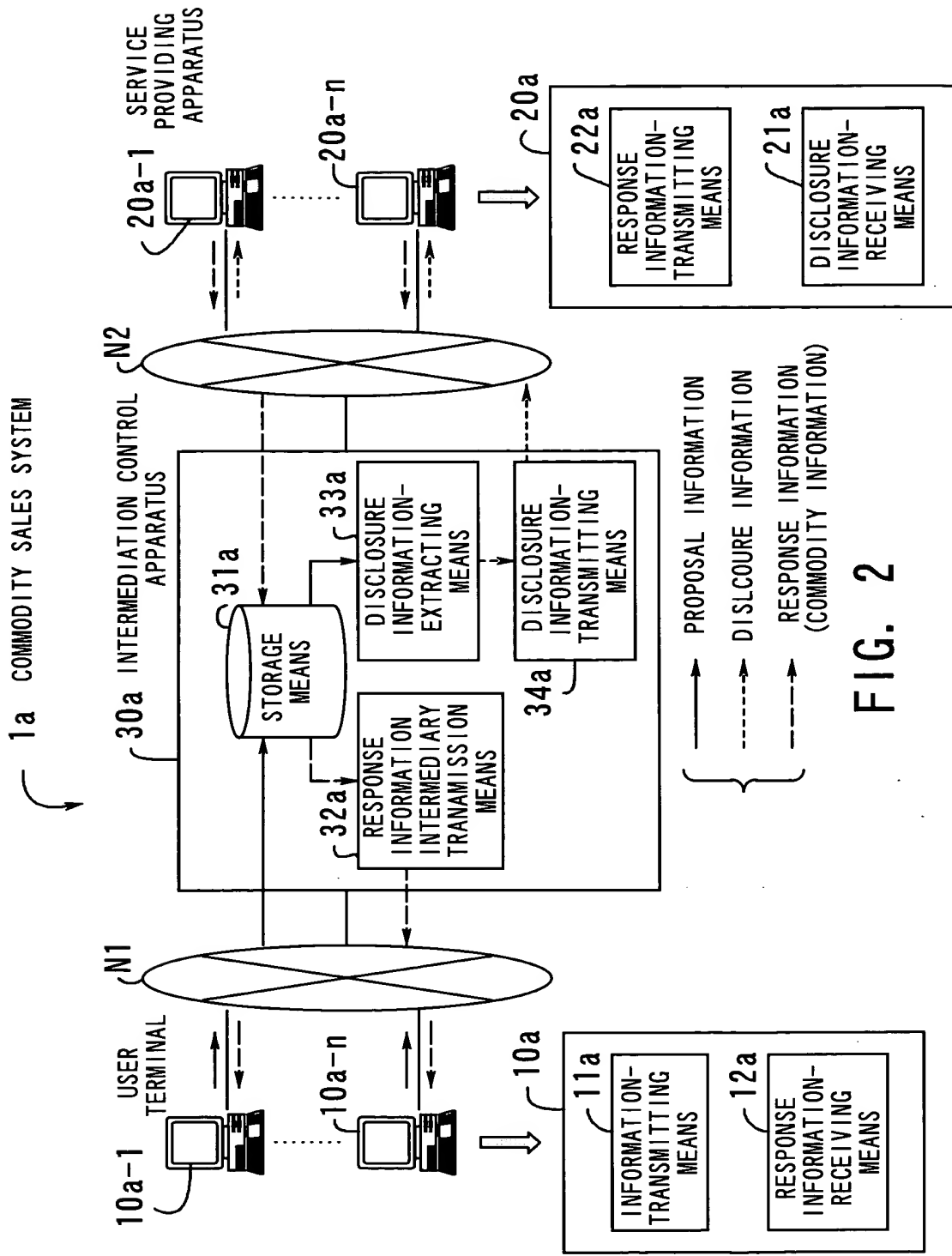


FIG. 1



110 PERSONAL DATA ENTRY SCREEN

| 111 PERSONAL DATA | |
|-------------------|--|
| 111a | USER ID ID000003 |
| 111b | PERSONAL NAME FUJI TARO |
| 111c | AGE 38 |
| 111d | SEX MALE |
| 111e | OCCUPATION PUBLIC OFFICIAL |
| 111f | LENGTH OF SERVICE 20 YEARS |
| 111g | ANNUAL INCOME 8 MILLION YEN |
| 111h | WIFE OR HUSBAND EXISTS |
| | NUMBER OF CHILDREN 1 |
| | AGE OF CHILD 14 |
| | NUMBER OF DEPENDANTS OTHER THAN ABOVE 1 |
| 111i | CURRENTLY INSURED FAMILY PERSONEL ACCIDENT <input checked="" type="checkbox"/> MEDICAL <input checked="" type="checkbox"/> |
| 111j | E-MAIL ADDRESS taro@hoken.mail.ne.jp |

112 REGISTRATION

FIG. 3

120 ESTIMATE REQUEST DATA ENTRY SCREEN

| 121 ESTIMATE REQUEST DATA | |
|---------------------------|---|
| USER ID | ID00003 |
| PERSONAL NAME | FUJI TARO |
| REQUESTED INSURANCE | FAMILY PERSONAL ACCIDENT <input checked="" type="checkbox"/> MEDICAL <input type="checkbox"/> ... |
| OTHER DESIRED CONDITONS | INSURED HOSPITAL EXPENSE ¥4000/DAY OR MORE INSURED OUTPATIENT EXPENSE ¥2500/DAY OR MORE SAVING TYPE DESIRED |

122

REGISTRATION

FIG. 4

T1 DISCLOSURE INFORMATION EXTRACTION

| KIND OF INSURANCE | DISCLOSURE INFORMATION |
|---------------------------------------|---|
| NURSING CARE EXPENSES INSURANCE | OCCUPATION |
| | FAMILY MAKE-UP (INCLUDING AGE, CONDITION OF DISEASE) |
| SAVINGS-TYPE INSURANCE | AGE |
| | OCCUPATION |
| | LENGTH OF SERVICE |
| | ANNUAL INCOME |
| | FAMILY MAKE-UP |
| LIFE INSURANCE | AGE |
| | OCCUPATION |
| | ANNUAL INCOME |
| | FAMILY MAKE-UP |
| : | : |
| | |

FIG. 5

210 PROPOSAL REQUEST RETRIEVAL SCREEN

211 INSURANCE TYPE
SELECTION

INSURANCE TYPE SELECTION ▾

212 ANNUAL INCOME

600万~ ▾

213 REGISTRATION DATA DESIGNATION

JANUARY 2000 OR LATER ▾

215

SEARCH

214 REGISTERED REQUEST LIST

| REGISTRATION DATE | INSURANCE TYPE | ANNUAL INCOME | DETAILS OF INSURANCE |
|----------------------|-------------------------------|---------------|--------------------------------|
| 2000/01/22 | MEDICAL SECURITY INSURANCE | 6 MILLION | GROUP-TYPE WITH FAMILY RIDER |
| 2000/01/23 | MEDICAL SECURITY INSURANCE | 8 MILLION | WITH ADVANCED SPECIAL CONTRACT |
| ⋮ | ⋮ | ⋮ | ⋮ |

216 DETAIL DISPLAY

FIG. 6

130 PRODUCT PROPOSAL RETRIEVAL SCREEN

131 REGISTRATION LIST

| REGISTRATION DATE | INSURANCE TYPE | DETAILS OF INSURANCE |
|-------------------|----------------------------|-------------------------------|
| 2000/01/23 | MEDICAL SECURITY INSURANCE | GROUP-TYPE WITH FAMILY RISDER |

133 SELECTION

132 INTRODUCTION LIST

| DATE OF INTRODUCTION | INSURANCE COMPANY NAME | TITLE |
|----------------------|----------------------------|---|
| 2000/01/25 | NEW JAPAN INSURANCE CO.LTD | PLEASE BE ADVISED. |
| 2000/01/26 | ABC MARINE FIRE INSURANCE | PLEASE BE ADVISED OF YOUR DESIRED PRODUCT |
| 2000/01/27 | WHITE INSURANCE CO.LTD | DEAR CUSTOMER. |

134 DETAIL DISPLAY BUTTON

FIG. 7

140 INSURANCE PRODUCT ADVICE SCREEN

| | | |
|---|---|----------------------------------|
| 141 CUSTOMER ID0000003 | 142 CUSTOMER REGISTRATION NUMBER 00000002 | 143 TITLE PLEASE BE ADVISED. |
| 144 DETAILS OF INTRODUCTION | | |
| <p>Dear Customer,</p> <p>We read details of your request. We have an insurance product plan which we wish to advise you by all means. So, we attach hereto a file of a literature of an insurance product, for your reference. Please consult the literature to decide your insurance.</p> <p>Sincerely yours,</p> <p>Mr. Ohi, Business Department New Japan Insurance Co. LTD</p> <p>TEL:03-XXX-0001 email:oi@nihonhoken.co.jp</p> | | |
| 145 ATTACHED FILE | | |
| Literature for your reference | | |
| | | 146 INTRODUCTION REGISTRATION |

FIG. 8

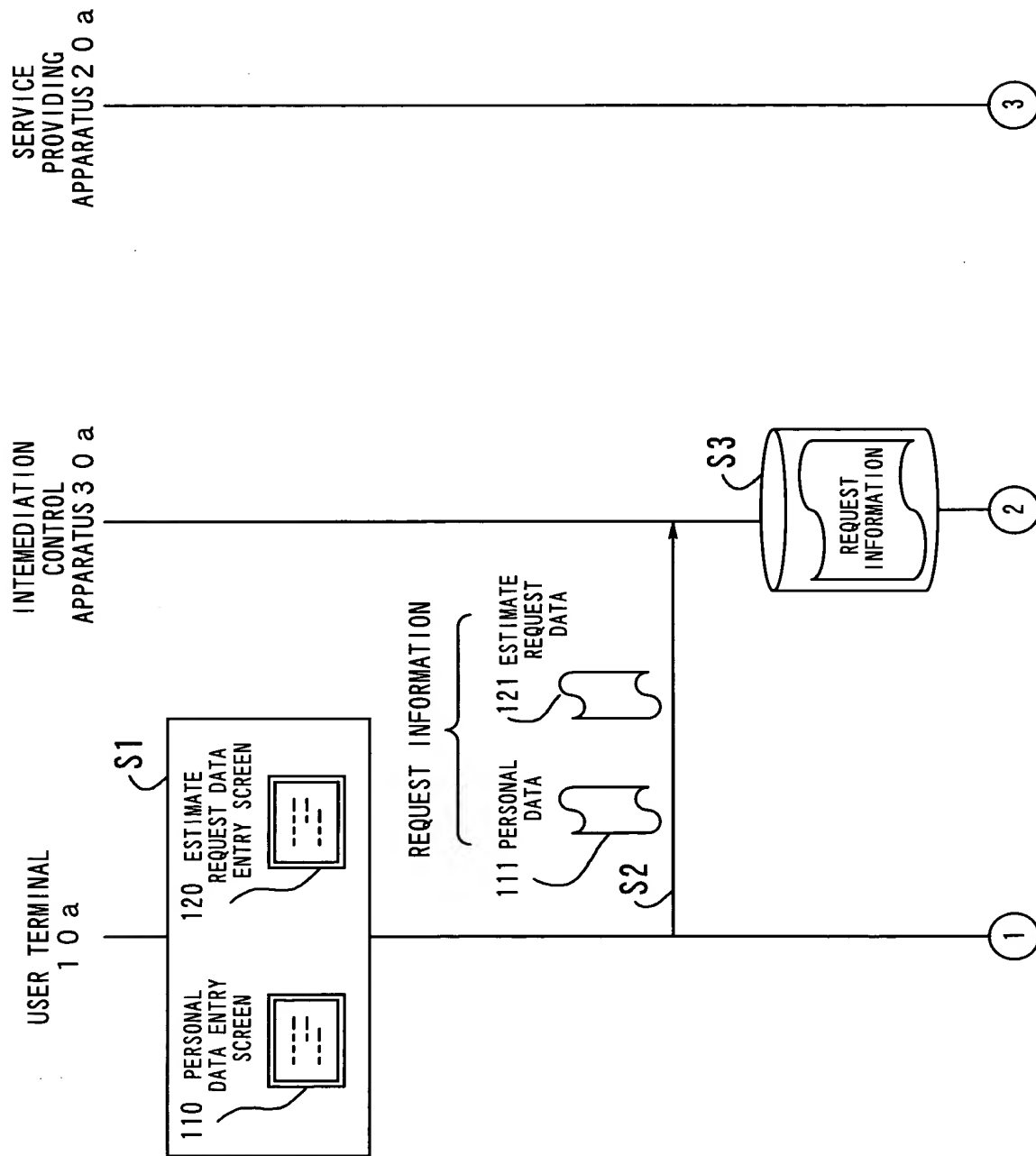


FIG. 9

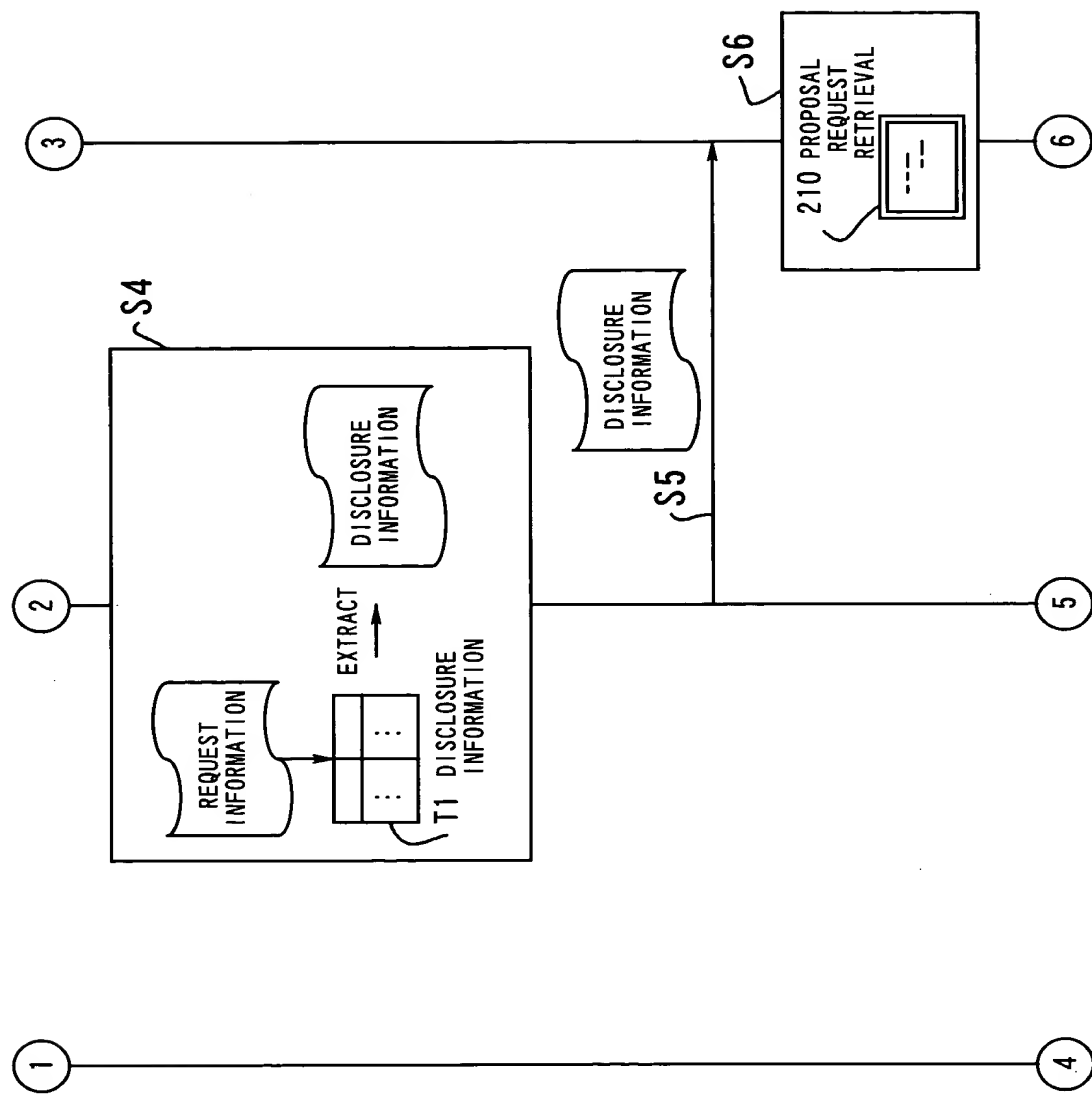


FIG. 10

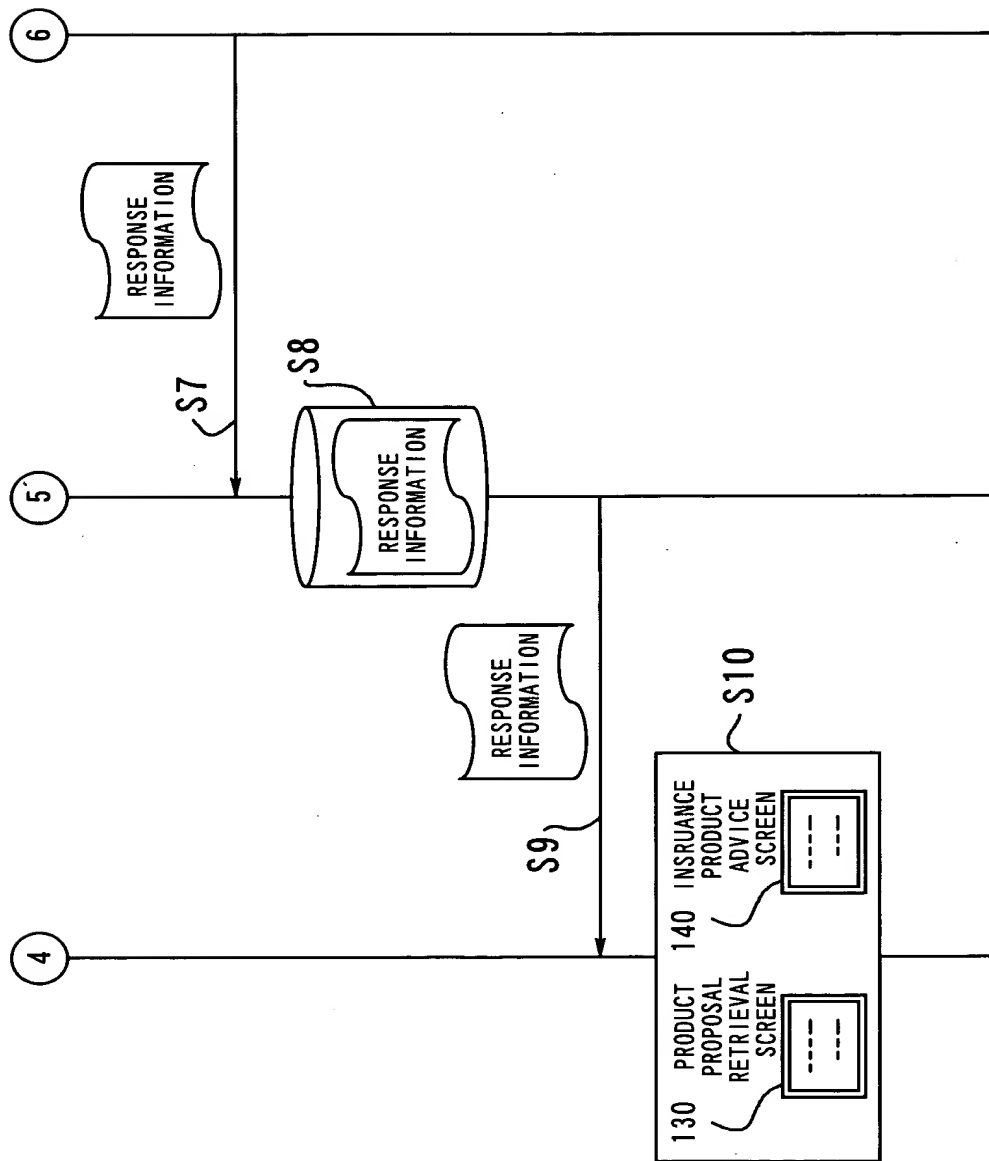


FIG. 11